

I'm a Hoosier employer. I completed the first part of my application on the HIP Employer Link Employer. What documents do I need to upload online to see if my company's health insurance plan qualifies for HIP Employer Link?

- 1. <u>Certificate of Coverage or Summary Plan Description</u>—this may be a 100-200 page document from your health insurance company. It details all the coverage and options of your health insurance plan. You might have more than one Certificate of Coverage for each plan. Please upload all of them.
- 2. <u>Summary of Benefits of Coverage</u>—this document is in a very specific format and looks like the example found here: <a href="https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/sbc-template-accessible.pdf">https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/sbc-template-accessible.pdf</a>. This is an Affordable Care Act (ACA) requirement for all health insurance plans. If you can't find a copy, ask your broker/agent or insurance company and they will get one to you.
- 3. <u>Benefit Summaries and Schedule of Benefits</u>—this can be a document that you created in-house or it may have been created by your insurance provider. It's about two or three pages long and lists a general summary of benefits. It will also include the deductibles, maximum payouts, coinsurance rates for specific services, etc. If you don't have this, that's okay.
- 4. <u>Dental and/or Vision Coverage</u>—these documents are generally one or two pages each and list the details of your vision and/or dental coverage (if offered by your business). Be sure that the deductibles and coinsurance are listed. If your vision and/or dental is combined with your medical coverage, please let us know.
- 5. <u>HRA Contributions</u>—if you have a Health Reimbursement Account (HRA) that you offer your employees, please list how much you put in this account annually. List if it changes

for single or family plans. Let us know if you "pay 1<sup>st</sup>" or "pay 2<sup>nd</sup>". If there are any specific details to your HRA contribution arrangement, please list those as well.

- 6. <u>Drug Formulary</u>—this is the list of prescription drugs your insurance company covers. They are sometimes listed in one to three different tiers of coverage. This document is generally five to ten pages long.
- 7. <u>Employer and Employee Premium Contributions</u>—we need to know how much you pay for the health insurance premiums and how much your employee(s) pay. This will generally be broken down into the following tiers:
  - a. Employee
  - b. Employee + Spouse
  - c. Employee + Child(ren)
  - d. Family

You can list this information annually, monthly or per pay (this works well for businesses that do bi-weekly payments). If you have a wellness program, tobacco vs. non-tobacco, PPO, HRA.....however your plan is established, please list the rates you pay plus the rates the employee pays depending on the specific plan they choose

This also applies to your vision and/or dental plans. If you contribute to this coverage, please list what you pay toward the premiums along with what the employee pays.

If you have an Early Retiree Program (ERP), please include the premium rates for this program if they differ from other employees.

## Things to consider when uploading/completing this next step

- o Documents cannot exceed 2MB. If you have documents bigger than this, separate them and upload them as part 1, part 2, etc.
- The titles/names of your documents cannot exceed 50 characters. Please shorten them if necessary.
- Your application cannot be processed until we have all the documentation. We try
  to process your application as quickly as possible, but we cannot do the process without
  all pieces of the application.
- There is a dedicated team ready to help you every step of the way. If you have questions/concerns/problems please do not hesitate to call Sara Hall (317-234-8030) or email me: <a href="mailto:sara.hall@fssa.in.gov">sara.hall@fssa.in.gov</a>. You can also contact us to get a status update on your application.
- If you have any changes to your initial application, please make those changes as soon as possible and let us know about the changes.
- o This is a new program. We are excited that you are interested in participating and will do our best to make this process go as smoothly as possible. THANK YOU!